



FIRE MARSHALS OFFICE APPLICATION FOR PERMIT License

**Return Plans, application and fees to:**

Round Rock Fire Department
Fire Marshal's Office
203 Commerce Blvd.
Round Rock, TX 78664
512.218.6628 (O)
512.218.5594 (F)

Check type of permit requested

- ☐ Day Care -- \$50.00
☐ Foster/ Adoptive Care -- \$50
☐ Foster/ Adoptive Care re-inspection - \$25
☐ Hospital -- \$50 +\$1.00 per bed
☐ Nursing Home -- \$50 +\$1.00 per bed
☐ Assisted Living -- \$50 +\$1.00 per bed

Applicant Name: _____

Company Name: _____

Company Address: _____

Responsible Managing Employee Name: _____

Applicant Occup Lic # or Tx DL #: _____ Date of Birth: _____

Phone(Work): _____ (Fax) _____

Job Address: _____

Type of work to be done _____

Total number of beds if applicable _____

By my signature, I am acknowledging that I am the responsible party in charge or duly authorized representative of the permittee. I also understand that I/company must abide by all of the rules and ordinances of the City of Round Rock, State and Federal laws. All of the information listed in this application is complete and true. I understand that at any time conditions are unsafe or not in compliance with the listed conditions or conditions on-site become unsafe, that any permit, if issued, can be revoked by the City of Round Rock. A complete application is not a permit, nor is it conditional that a permit be issued. All fees shall be paid prior to the work and in full. I/company shall maintain our own insurance and coverage assuming all liabilities potential and unknown. I also understand that this application is not inclusive and other permits may be required by other departments and entities.

Signature: _____ Date: _____

Do not write below this line
OFFICE OF THE FIRE MARSHAL- License

License Fee: _____

Paid: Date: _____

Check # _____

By: _____

Date: _____

PERMIT MUST BE READILY AVAILABLE FOR INSPECTION ON THE JOB SITE